

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN0102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SUMMIT VIEW OF ROCKY TOP</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>204 INDUSTRIAL PARK RD</b> <b>ROCKY TOP, TN 37769</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments  Construction: II (000) Stories: 1 Plans available on site: No Constructed: 1990 Sprinkled: Yes Census: 76 Certified Beds: 117  A Life Safety complaint investigation of intake #TN00051965 was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 9/11/2020. During this Life Safety complaint investigation, Summit View of Rocky Top was found in substantial compliance with the requirements of the Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards for Nursing Homes and National Fire Protection (NFPA) 101 Life Safety (2012 Edition).	N 000		
N 002	1200-8-6 No Deficiencies  This Rule is not met as evidenced by: During the Life Safety complaint investigation of intake #TN00051965 conducted on 9/11/2020, no deficiencies were cited under 1200-08-06, Standards for Nursing Homes.	N 002		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE